

12/14/01
JC960 U.S. PTO

12-18-01

PTO/SB/05 (1/98)

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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket 7063-1	
		First Inventor SABAT, et al.	
		Title QOS BASED PROTECTION OF MESH-BASED INTELLIGENT OPTICAL NETWORKS	
		Express Mail Label No. EL 740158173US	

APPLICATION ELEMENTS <small>See MPEP Chapter 600 concerning utility patent application contents.</small>	ADDRESS TO: Commissioner for Patents Box Patent Application Washington, DC 20231
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1 <input checked="" type="checkbox"/> Fee transmittal Form <small>(Submit an original and a duplicate for fee processing)</small> 2 <input checked="" type="checkbox"/> Specification [Total 82] <small>(preferred arrangement set forth below)</small> - Descriptive title of the invention - Cross References to Related Applications - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3 <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 7] 4. Oath or Declaration [Total Pages 3] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from prior Application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <small>Signed Statement attached deleting inventor(s) named in prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small> 5 <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) <small>The entire disclosure of the prior application from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference herein.</small>	6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> <input type="checkbox"/> Computer readable Copy <input type="checkbox"/> Paper Copy (identical to computer copy) <input type="checkbox"/> Statement Verifying identity of above ACCOMPANYING APPLICATION PARTS 8 <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents) 9 <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(where there is an assignee)</small> 10 <input type="checkbox"/> English Translation Document (if applicable) 11 <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 12 <input type="checkbox"/> Preliminary Amendment 13 <input checked="" type="checkbox"/> Return receipt postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14 <input type="checkbox"/> *Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application <small>Status still proper and desired</small> 15 <input type="checkbox"/> Certified copy of priority Document(s) <small>(if foreign priority is claimed)</small> 16 <input checked="" type="checkbox"/> Other: Fee \$464 <small>* A newstatement is required to pay small entity fees, except where one has been filed in a prior application and is being relied upon</small>
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17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application no. _____

Prior application information: Examiner: _____ Group/Art Unit: _____

18. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label or ☒ Correspondence address below

(Insert Customer No. or Attach bar code label)

NAME	Akerman, Senterfitt & Eidson, P.A.				
ADDRESS	Post Office Box 3188				
CITY	West Palm Beach	STATE	FL	ZIP CODE	33402-3188
COUNTRY	USA	TELEPHONE	561/653-5000	FAX	561/653-5333

Name (Print/Type)	Robert J. Sacco	Registration No. (Attorney/Agent)	35,667
Signature		Date	Dec. 14, 2001

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**FEE TRANSMITTAL
for FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

(\$ 464

Complete if Known

Application Number

Filing Date

First Named Inventor

SABAT et al.

Examiner Name

Group Art Unit

Attorney Docket No.

7063-1

METHOD OF PAYMENT

- 1.
- ☒
- The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit
Account
Number

50-0951

Deposit
Account
Name

Akerman Senterfitt

- ☒
- Charge Any Additional Fee Required
-
- Under 37 CFR 1.16 and 1.17

- ☒
- Applicant claims small entity status.
-
- See 37 CFR 1.27

- 2.
- ☒
- Payment Enclosed:

- ☒
- Check
- ☐
- Credit card
- ☐
- Money
-
- Order
- ☐
- Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
101	740	201	370		Utility filing fee
106	330	206	165		Design filing fee
107	510	207	255		Plant filing fee
108	740	208	370		Reissue filing fee
114	160	214	80		Provisional filing fee

Fee Paid

370

SUBTOTAL (1) (\$ 370

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
26	-20** = 6	9	54
	-3** =		
Independent Claims			
Multiple Dependent			

Large Entity Small Entity

Fee Fee Fee Fee Fee Description

Code (\$)	Code (\$)	Code (\$)	Code (\$)	Code (\$)	Fee Description
103	18	203	9		Claims in excess of 20
102	84	202	42		Independent claims in excess of 3
104	280	204	140		Multiple dependent claim, if not paid
109	84	209	42		** Reissue independent claims over original patent
110	18	210	9		** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$ 54

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	
139 130	139 130	Non-English specification	
147 2,520	147 2,520	For filing a request for ex parte reexamination	
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	
115 110	215 55	Extension for reply within first month	
116 400	216 200	Extension for reply within second month	
117 920	217 460	Extension for reply within third month	
118 1,440	218 720	Extension for reply within fourth month	
128 1,960	228 980	Extension for reply within fifth month	
119 320	219 160	Notice of Appeal	
120 320	220 160	Filing a brief in support of an appeal	
121 280	221 140	Request for oral hearing	
138 1,510	138 1,510	Petition to institute a public use proceeding	
140 110	240 55	Petition to revive - unavoidable	
141 1,280	241 640	Petition to revive - unintentional	
142 1,280	242 640	Utility issue fee (or reissue)	
143 460	243 230	Design issue fee	
144 620	244 310	Plant issue fee	
122 130	122 130	Petitions to the Commissioner	
123 50	123 50	Processing fee under 37 CFR 1.17(q)	
126 180	126 180	Submission of Information Disclosure Stmt	
581 40	581 40	Recording each patent assignment per property (times number of properties)	40
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	
179 740	279 370	Request for Continued Examination (RCE)	
169 900	169 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40

SUBMITTED BY

Name (Print/Type) ROBERT J. SACCO

Registration No.
(Attorney/Agent)

35,667

Complete (if applicable)

Telephone 561 653 5000

Signature

Date Dec. 14, 2001

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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the fee did not include the fee for the 1st
 independent claim check for \$464.00
 but we did receive \$454.00